

# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

## For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>10/10/14</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Melinda Bone</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>Melinda Bone</u>		3. ELECTION DATE <u>8/7/14</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>7005 Barleyfield Dr</u> <u>Chatl</u> <u>TN</u> <u>37341</u> <u>423-218-9639</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) <u>County Comm Dis 9</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Stephanie Sinkfield</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input checked="" type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD		8.b. ENDING DATE OF REPORTING PERIOD	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <u>Melinda Bone</u> <u>10/10/14</u> <u>Stephanie Sinkfield</u> <u>10/10/14</u> signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE <u>Stephanie Sinkfield</u> <u>10/10/14</u> <u>Brittney Olier</u> <u>10/10/14</u> signature of witness date signature of witness date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT ..... \$ <u>979.86</u> b. TOTAL RECEIPTS THIS PERIOD ..... \$ _____ c. TOTAL DISBURSEMENTS THIS PERIOD ..... \$ _____ d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) ..... \$ <u>0</u> e. TOTAL LOANS OUTSTANDING ..... \$ _____ f. TOTAL OBLIGATIONS OUTSTANDING ..... \$ _____			



## SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">Melinda Bone</div>	14. REPORT COVERING THE PERIOD FROM: <u>7/29/14</u> TO: <u>9/30/14</u>
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**RECEIPTS**  
 15. CONTRIBUTIONS (other than loans and interest)
 

a. Unitemized Contributions (\$100 or less from each source this period) ..... \$ 27.00  
 b. Itemized Contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_  
 c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) ..... \$ 27.00

 16. LOANS RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_  
 17. INTEREST RECEIVED THIS REPORTING PERIOD ..... \$ \_\_\_\_\_  
 18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) ..... \$ \_\_\_\_\_

**DISBURSEMENTS**  
 19. EXPENDITURES (other than loan payments)
 

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)
 

Campaign Volunteer Meals	\$	321.72
Melinda Bone-reimburse	\$	500.-
for Campaign expenses	\$	185.14
Stephanie Sinkfeld-payment	\$	_____
for treasurer of campaign	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total of Expenditures (\$100 or less each payee) ..... \$ \_\_\_\_\_  
 b. Itemized Expenditures (Over \$100 each payee this period) ..... \$ 1006.86  
 c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) ..... \$ \_\_\_\_\_

 20. LOAN REPAYMENTS MADE THIS PERIOD ..... \$ \_\_\_\_\_  
 21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) ..... \$ 1006.86

**22. IN-KIND CONTRIBUTIONS**  
 a. Unitemized in-kind contributions (\$100 or less from each source this period) ..... \$ \_\_\_\_\_  
 b. Itemized in-kind contributions (over \$100 from each source this period) ..... \$ \_\_\_\_\_  
 c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) ..... \$ \_\_\_\_\_

**23. OBLIGATIONS**  
 a. Unitemized Obligations Outstanding (\$100 or less each) ..... \$ \_\_\_\_\_  
 b. Itemized Obligations Outstanding (Over \$100 each) ..... \$ \_\_\_\_\_  
 c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) ..... \$ \_\_\_\_\_



## ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD		
				FROM:	TO:	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount	
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
First Name		Middle Name		Contribution Received For:		Amount of Contribution
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election		
Address				<input type="checkbox"/> Runoff (Local Elections Only)		
City		State	Zip Code	Date of Contribution		Aggregate This Election
Occupation						
Employer						
5. TOTAL ITEMIZED CONTRIBUTIONS						
(Carry forward to item 3 of next page if additional pages of this form are used.)						
(If this is the last page of contributions, this amount must be shown in item 15b of summary.)						



# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code		
Occupation		Employer			
				Value of In-Kind Contribution	
				Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code		
Occupation		Employer			
				Value of In-Kind Contribution	
				Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code		
Occupation		Employer			
				Value of In-Kind Contribution	
				Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code		
Occupation		Employer			
				Value of In-Kind Contribution	
				Aggregate this Election	
Description of In-Kind Contribution					
First Name		Middle Name		In-Kind Contribution Received For:	
				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Last Name/Organization Name				<input type="checkbox"/> Runoff (Local Elections Only)	
Address				Date of In-Kind Contribution	
City		State	Zip Code		
Occupation		Employer			
				Value of In-Kind Contribution	
				Aggregate this Election	
Description of In-Kind Contribution					
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3 of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b of summary.)					

